State: Montana

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ì	Amount and Basis for Determination	\$1.00 per hour (\$.25 per 15 minute unit)*	The co-payment is based on the average payment per hour of service for Licensed Clinical Social Workers during the state fiscal year 1993. The average payment is \$32.00.	
rge	Copay.	×		
Type of Charge	Coins.			
1	Deduct.			
-	Service	Licensed Clinical Social Workers		

TN # 94-08. Supersedes TN# 86(10)-02 Sc(10)-04.

Approval 03/03/95

Effective 4/1/94 · HGFAID:

D: 0053C/0061E

ATTACHMEN: 4.18-A Page 1 - 6f OMB No. 01983

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

provided under section 1905 (a	()(I) Chr	ougn (5) a	and (7) of	t the Act:
Service	Ty Deduct.	pe of Cha Coins.	rge Copay.	Amount and Basis for Determination
Licensed Professional Counselor Services			х	\$1.00 per hour (\$.25 per 15 minute unit)*
				* The co-payment is based on the average payment per hour of service for Licensed Professional Counselor Services during the state fiscal year 1993. The average payment is \$32.20.

TN	#	94-08	•	
Sup	er	rsedes		
TN#	8	36 (10)	-02-	N18,000.

Approval ______

03/03/95

Effective 4/1/94 HGFAID: 00

State: Montana

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

	provided under section 1905 (a	() (I) CHIC	Jugn (5) a	ind (7) Of	LITE	ACC:
	Service	Tyl Deduct.	pe of Char Coins.	rge Copay.	Ame	ount and Basis for Determination
	Health Services:	Deduce.		copay.	111.	oute and Eddit lot become and
(a)	Intermediate or part-time nursing service:			х	(a)	\$2.00 per visit*
(b)	Home Health Aide Service;			x	(b)	\$2.00 per visit*
(c)	Medical supplies, equipment and appliances suitable for use in the home; and			х	(c)	\$.50 per line item*
(d)	Physical therapy, occupational therapy, speech pathology and audiology services.			x	(d) *	\$2.00 per visit* The co-payments are based on the average cost per service for part-time nursing services, home health aide services and physical therapy, occupational therapy, Speech Pathology & audiology services during calendar year 1992 and medical supplies, equipment and appliances suitable for use in the home during the state fiscal year 1993. The per service of each type of Home Health Services is: a. \$66.73 b. \$34.34 c. \$5.25 d. \$60.76

Tn # 94-08' Supersedes Tn# 86(10)-02 89(10)-12'

Approval 03/03/95

Effective 4/1/94 · HGFAID: 0053

ATTACHMENT 4.18-A Page 1 - 8 OMB No. 01983

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act: A.

provided under section 1905 (8	a) (1) CHE	Jugii (5) a	and (7) of	the Act	·		
Service	Ty Deduct.	pe of Cha Coins.	rge	Amount	and Pagic	for Datarm	ination
	Deduct.	Coins.	Copay.	t		for Determ	
Private Duty Nursing Services				Will not service.	implement	co-payment	for this

TN # 94-08 • Supersedes TN# 86(10)-02.

Approval 03/03/95

Effective 4/1/94.

HGFAID:

State: Montana

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

	Type of Charge			
Service	Deduct.	Coins.	Copay.	Amount and Basis for Determination
Clinic Services	į		х	\$1.00 per day billed for each claim line*
				* The co-payment is based on the cost per unit of service for Clinic Services:
a) Mental Health Centers				a) Mental Health Centers: The lowest cost per unit of service is Adult Day Treatment at \$20.32 to \$31.36 per 4 hour unit.
b) Outpatient surgical Center				b) <u>Ambulatory Surgical Center</u> <u>Services:</u> \$237.00 to \$345.00 per surgical center proceudre codes.
c) Public Health Departments				c) Public Health Department: Services are limited to physician services and mid-level practioner services. The average payment per unit of service for state fiscal year 1993 is \$32.00

TN # 94-08* Supersedes TN# 86(10)-02.

Approval ____03/03/95

Effective <u>4/1/94</u>. HGFAID: 0053C/0061E

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

The following charges are imposed on the Categorically Needy for services other than those provided under section 1905(a)(1) through <u>ن</u>

Amount and Basis for Determination	\$2.00 per service*	* The co-payment is based on the average payment per unit of service for Dental Services during the state fiscal year 1996. The average payment is \$30.28.	
rge Copay.	×		
Type of Charge Coins. Co			
Deduc.			
Service	Dentists' Services		

Supersedes TN #94-08 TN #97-015

Approval /2/01/97

Effective 7/1/97

State: Montana

The following charges are imposed on the Categorically Needy for services other than those provided under section 1905(a)(1) through A. (5) and (7) of the Act:

state fiscal year 1996. The average payment is: a) physical therapy \$47.40 per hour, occupational therapy \$37.84 per hour, speech therap \$35.28 per hour.	Service	Ty Deduc.	pe of Cha Coins.	rge Copay.	Amount and Basis for Determination
therapy, Speech Therapy b) Audiology c) Hearing Aids X b) \$1.00 per unit** X c) \$1.00 per unit** * The co-payment is based on the average payment per unit of service state fiscal year 1996. The average payment is: a) physical therapy \$47.40 per hour, occupational therapy \$37.84 per hour, speech therap \$35.28 per hour.	therapy and services for individual with speech, hearing and language disorders (provided by or under the supervision of a speech				
c) Hearing Aids * The co-payment is based on the average payment per unit of service state fiscal year 1996. The average payment is: a) physical therapy \$47.40 per hour, occupational therapy \$37.84 per hour, speech therap \$35.28 per hour.	, ,			X	a) .50 per unit of service*
* The co-payment is based on the average payment per unit of service state fiscal year 1996. The average payment is: a) physical therapy \$47.40 per hour, occupational therapy \$37.84 per hour, speech therap \$35.28 per hour.	b) Audiology			X	b) \$1.00 per unit**
state fiscal year 1996. The average payment is: a) physical therapy \$47.40 per hour, occupational therapy \$37.84 per hour, speech therap \$35.28 per hour.	c) Hearing Aids			X	c) \$1.00 per unit**
					\$47.40 per hour, occupational therapy \$37.84 per hour, speech therapy
					**The co-payment is based on the average payment per unit of service for state fiscal year 1993. The average payment is: b) audiology \$19.80 per unit, c) hearing aids \$11.70 per unit.

Supersedes TN #94-08

OMB No. 01983 -

State: Montana

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

provided under section 1905 (a	1/(1/ 01110	Jugii (5) a	ina (7) 01	. the Act.
Service	Ty] Deduct.	pe of Char Coins.	rge Copay.	Amount and Basis for Determination
Outpatient Drugs	Deduct.	Coins.	X X	Amount and Basis for Determination \$1.00 per prescription for generic drugs* \$2.00 per prescription for name brand drugs* * The co-payment is based on the average payment per generic & brand name prescribed drug during the state fiscal year 1993. The average payment per generic prescription is \$21.90. The average payment per name brand prescription is \$31.83.
	<u> </u>			

TN #	94-08'	
Supe	rsedes	
TN#	86(10)-02	87(10)-12

Approval

03/03/95

Effective 4/1/94

HGFAID: 0053C/0061E

ATTACHMEN': 4.18-A Page 1 - 12b OMB No. 01983

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

on the categorically needy for services other than those through (5) and (7) of the Act:	Amount and Basis for Determination		* The co-payment is based on the average payment per unit of service for Dental Services during the state fiscal year 1993. The average payment is \$25.80.	
egorically n and (7) of	harge Copay.	×		
the cate rough (5)	Type of Charge Coins. Col			
	Ty Deduct.			
 A. The following charges are imposed provided under section 1905(a)(1) 	Service	Dentures		

Effective 4/1/94 · HGFAID: 0053C/0061E

02/03/95

Approval

TN # 94-08 ·
Supersedes
TN# 86(10)-02 SQ(10)-12

State: Montana

The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act: Α.

provided under section 1905 (a	() (I) CIIIC	Jugii (3) e	1110 (77 01	The Acc.
Service	Type of Charge			Amount and Basis for Determination
Service	Deduct.	Coins.	Copay.	Amount and Basis for Decemination
Prosthetic Devices			х	\$.50 per line item*
				* The co-payment is based on the average payment per service for Durable Medical Equipment during the state fiscal year 1993. The average payment per service is \$3.30.

TN	#	94-08.	
Sup	eı	csedes	
TN#	. {	36(10) - 02	89(10)-12

Approval 03/03/95

Effective 4/1/94'

HGFAID: